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1903700611224

**Form 5500**  
Department of the Treasury  
Internal Revenue Service  
Department of Labor  
Pension and Welfare Benefits Administration  
Pension Benefit Guaranty Corporation

**Annual Return/Report of Employee Benefit Plan**  
(With 100 or more participants)

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 and sections 6039D, 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code, referred to as the Code.  
See separate instructions.

OMB No. 1510-0046  
**1994**  
This Form Is Open to Public Inspection.

For the calendar plan year 1994 or fiscal plan year beginning **JANUARY 1, 1994, and ending DECEMBER 31, 1994**

If A(1) through A(4), B, C, and/or D, do not apply to this year's return/report, leave the boxes unmarked.

**A** This return/report is: (1) ☐ the first return/report filed for the plan; (3) ☐ the final return/report filed for the plan; or  
(2) ☐ an amended return/report; (4) ☐ a short plan year return/report (less than 12 months).

**IF ANY INFORMATION ON A PREPRINTED PAGE 1 IS INCORRECT, CORRECT IT. IF ANY INFORMATION IS MISSING, ADD IT. PLEASE USE RED INK WHEN MAKING THESE CHANGES AND INCLUDE THE PREPRINTED PAGE 1 WITH YOUR COMPLETED RETURN/REPORT.**

**B** Check here if any information reported in 1a, 2a, 2b, or 5a changed since the last return/report for this plan ☒

**C** If your plan year changed since the last return/report, check here ☐

**D** If you filed for an extension of time to file this return/report, check here and attach a copy of the approved extension ☒

**1a** Name and address of plan sponsor (employer, if for a single-employer plan)  
(Address should include room or suite no.)  
**SKADDEN, ARPS, SLATE, MEAGHER & FLOM**  
**919 THIRD AVENUE**  
**NEW YORK, NEW YORK 10022**

**1b** Employer identification number (EIN)  
**13 1777230**

**1c** Sponsor's telephone number  
**(212) 735-3000**

**1d** Business code (see instructions, page 23)  
**8111**

**1e** CUSIP issuer number

**2a** Name and address of plan administrator (if same as plan sponsor, enter "Same")  
**SKADDEN, ARPS, SLATE, MEAGHER & FLOM PENSION PLAN COMMITTEE**  
**919 THIRD AVENUE**  
**NEW YORK, NEW YORK 10022**

**2b** Administrator's EIN  
**13 2871040**

**2c** Administrator's telephone number  
**(212) 735-3000**

**3** If you are filing this page without the preprinted historical plan information and the name, address, and EIN of the plan sponsor or plan administrator has changed since the last return/report filed for this plan, enter the information from the last return/report in line 3a and/or line 3b and complete line 3c.

**a** Sponsor EIN Plan number

**b** Administrator EIN

**c** If line 3a indicates a change in the sponsor's name, address, and EIN, is this a change in sponsorship only? (See line 3c on page 9 of the instructions for the definition of sponsorship.) Enter "Yes" or "No." **▶**

**4** ENTITY CODE. (If not shown, enter the applicable code from page 9 of the instructions.) **▶** **4 A**

**5a** Name of plan **▶ SKADDEN, ARPS, SLATE, MEAGHER & FLOM PENSION PLAN**

**5b** Effective date of plan (mo., day, yr.)  
**4/01/75**

**5c** Three-digit plan number **▶ 002**

**6a** ☐ Welfare benefit plan **6b** ☒ Pension benefit plan  
(If the correct codes are not preprinted below, enter the applicable codes from page 9 of the instructions in the boxes.)

**6c** Pension plan features. (If the correct codes are not preprinted below, enter the applicable pension plan feature codes from page 9 of the instructions in the boxes.)

**6d** ☐ Fringe benefit plan. Attach Schedule F (Form 5500). See instructions.

**Caution:** A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of employer/plan sponsor **▶** *Stuart N. Alperin, partner* Date **▶** **10-12-95**  
Type or print name of individual signing for the employer/plan sponsor **STUART N. ALPERIN**

Signature of plan administrator **▶** *Stuart N. Alperin, Committee member* Date **▶** **10-12-95**  
Type or print name of individual signing for the plan administrator **STUART N. ALPERIN**

For Paperwork Reduction Act Notice, see page 1 of the instructions. S475 Form 5500 (1994)

Skadden, Arps, Slate, Meagher & Flom  
Pension Plan

Actuarial Methods and Assumptions  
Employed in the 1994 Actuarial Valuation

A. Employee data used in valuation:

The valuation is based on data provided by the Firm for all persons who participated in the Plan during the year ending on the valuation date, whether in an active or retired status. Reasonable estimates were employed if any data was unavailable.

B. Method of Valuation:

1. Actuarial values - The current service cost and actuarial reserve requirement are determined in accordance with the unit credit method of funding, with projected benefits being prorated on the basis of credited service.
2. Assets - The trust fund investments are valued at market value.
3. Prior service cost - The minimum prior service cost pursuant to section 412 of the Internal Revenue Code is determined in accordance with such section and all regulations issued thereunder.

C. Actuarial assumptions:

1. Rate of inflation - The assumptions used for funding purposes described below were selected assuming the economy would experience an average long term rate of inflation of 5-1/4%.
2. Interest (discount) rate - 8.25% per annum, compounded annually for general funding purposes and for purposes of results reported under FASB Statements No. 35 and 36 and APB Opinion No. 8. 8.00% per annum, compounded annually was used to determine current liability for funding purposes.
3. PBGC immediate interest rate - 6.5% for active participants. 100% of the immediate and deferred PBGC rates are used for purposes of converting grandfathered annuities to lump sum payments, if the resulting lump sum does not exceed \$25,000; otherwise 120% of such rates are used, unless 120% of such rates produces a lump sum under \$25,000 (in which case a lump sum of \$25,000 is paid). For purposes of calculating lump sums payable to terminated-vested participants, a PBGC rate of 4.5% was used. For purposes of calculating current liabilities, an interest rate of 8.00% was used for converting all annuities to lump sums. As provided by the terms of the Plan, UP-1984 mortality was used for the conversion of annuities to lump sum payments.
4. Interest credits to the pension accounts - 8.00% per annum for funding purposes and for purposes of results reported under FASB Statements No. 35 and 36 and APB Opinion No. 8.

1903732106307

**Form 5500**  
Department of the Treasury  
Internal Revenue Service  
Department of Labor  
Pension and Welfare Benefits  
Administration

**Annual Return/Report of Employee Benefit Plan**

(With 100 or more participants)

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 and sections 6039D, 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code, referred to as the Code.

See separate instructions.

OMB No. 15-0018  
0-2089**1995**

This Form Is Open to Public Inspection.

Pension Benefit Guaranty Corporation

For the calendar plan year 1995 or fiscal plan year beginning **JANUARY 1, 1995**, and ending **DECEMBER 31, 1995**

If A(1) through A(4), B, C, and/or D, do not apply to this year's return/report, leave the boxes unmarked.

For IRS Use Only

EP-ID

- A This return/report is: (1) ☐ the first return/report filed for the plan; (3) ☐ the final return/report filed for the plan; or  
(2) ☐ an amended return/report; (4) ☐ a short plan year return/report (less than 12 months).

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- B Check here if any information reported in 1a, 2a, 2b, or 5a changed since the last return/report for this plan ☐  
C If your plan year changed since the last return/report, check here ☐  
D If you filed for an extension of time to file this return/report, check here and attach a copy of the approved extension ☒

1a Name and address of plan sponsor (employer, if for a single-employer plan)  
(Address should include room or suite no.)

SKADDEN, ARPS, SLATE, MEAGHER &amp; FLOM

1919 THIRD AVENUE

NEW YORK, NY 10022

1903732106307-6

1b Employer identification number (EIN)

13 1777230

1c Sponsor's telephone number

(212) 735-3000

1d Business code (see instructions, page 23)

8111

1e CUSIP issuer number

N/A

2a Name and address of plan administrator (if same as plan sponsor, enter "Same")

Skadden, Arps, Slate, Meagher &amp; Flom Pension Plan Committee

1919 THIRD AVENUE

NEW YORK, NY 10022

2b Administrator's EIN

13 2871040

2c Administrator's telephone number

(212) 735-3000

3 If you are filing this page without the preprinted historical plan information and the name, address, and EIN of the plan sponsor or plan administrator has changed since the last return/report filed for this plan, enter the information from the last return/report in line 3a and/or line 3b and complete line 3c.

a Sponsor EIN Plan number

b Administrator EIN

c If line 3a indicates a change in the sponsor's name, address, and EIN, is this a change in sponsorship only? (See line 3c on page 9 of the instructions for the definition of sponsorship.) Enter "Yes" or "No." ☐

4 ENTITY CODE. (If not shown, enter the applicable code from page 9 of the instructions.) ☐

A

5a Name of plan ☐ SKADDEN, ARPS, SLATE, MEAGHER & FLOM  
PENSION PLAN

5b Effective date of plan (mo., day, yr.)

4/01/75

5c Three-digit plan number ☐ 002

All filers must complete 6a through 6d, as applicable.

- 6a ☐ Welfare benefit plan 6b ☒ Pension benefit plan  
(If the correct codes are not preprinted below, enter the applicable codes from page 9 of the instructions in the boxes.)

1							
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6c Pension plan features. (If the correct codes are not preprinted below, enter the applicable pension plan feature codes from page 9 of the instructions in the boxes.)

E							
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6d ☐ Fringe benefit plan. Attach Schedule F (Form 5500). See instructions.

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of employer/plan sponsor

Date ☐ 8-28-96Type or print name of individual signing for the employer/plan sponsor **STUART N. ALPERIN, TRUSTEE**

Signature of plan administrator

Date ☐ 8-28-96Type or print name of individual signing for the plan administrator **STUART N. ALPERIN, TRUSTEE**

For Paperwork Reduction Act Notice, see page 1 of the instructions.

MGA

Form 5500 (1995)

0143



Skadden, Arps, Slate, Meagher & Flom  
Pension Plan

Actuarial Methods and Assumptions  
Employed in the 1995 Actuarial Valuation

A. Employee data used in valuation:

The valuation is based on data provided by the Firm for all persons who participated in the Plan during the year ending on the valuation date, whether in an active or retired status. Reasonable estimates were employed if any data was unavailable.

B. Method of Valuation:

1. Actuarial values - The current service cost and actuarial reserve requirement are determined in accordance with the unit credit method of funding, with projected benefits being prorated on the basis of credited service.
2. Assets - The trust fund investments are valued at market value.
3. Prior service cost - The minimum prior service cost pursuant to section 412 of the Internal Revenue Code is determined in accordance with such section and all regulations issued thereunder.

C. Actuarial assumptions:

1. Rate of inflation - The assumptions used for funding purposes described below were selected assuming the economy would experience an average long term rate of inflation of 5-1/4%.
2. Interest (discount) rate - 8.25% per annum, compounded annually for general funding purposes and for purposes of results reported under FASB Statements No. 35 and 36 and APB Opinion No. 8. 6.55% per annum, compounded annually was used to determine current liability for funding purposes.
3. PBGC immediate interest rate - 6.5%. 100% of the immediate and deferred PBGC rates are used for purposes of converting grandfathered annuities to lump sum payments, if the resulting lump sum does not exceed \$25,000; otherwise 120% of such rates are used, unless 120% of such rates produces a lump sum under \$25,000 (in which case a lump sum of \$25,000 is paid). For purposes of calculating current liabilities, an interest rate of 7.75% was used for converting all annuities to lump sums. As provided by the terms of the Plan, UP-1984 mortality was used for the conversion of annuities to lump sum payments.
4. Interest credits to the pension accounts - 8.25% per annum for funding purposes and for purposes of results reported under FASB Statements No. 35 and 36 and APB Opinion No. 8.

Form **5500**  
 Department of the Treasury  
 Internal Revenue Service  
 Department of Labor  
 Pension and Welfare Benefits  
 Administration  
 Pension Benefit Guaranty Corporation

# Annual Return/Report of Employee Benefit Plan (With 100 or more participants)

OMB Nos 1210-0016  
 1210-0089

**1996**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 and sections 6039D, 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code, referred to as the Code. See separate instructions.

This Form Is Open to Public Inspection.

For the calendar plan year 1996 or fiscal plan year beginning **January 1**, 1996, and ending **December 31, 1996**

If A(1) through A(4), B, C, and/or D, do not apply to this year's return/report, leave the boxes unmarked.

For IRS Use Only **1908702406613** 8  
 EP-ID

- A This return/report is: (1) ☐ the first return/report filed for the plan; (3) ☐ the final return/report filed for the plan; or  
 (2) ☐ an amended return/report; (4) ☐ a short plan year return/report (less than 12 months).

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- B Check here if any information reported in 1a, 2a, 2b, or 5a changed since the last return/report for this plan ☐  
 C If your plan year changed since the last return/report, check here ☐  
 D If you filed for an extension of time to file this return/report, check here and attach a copy of the approved extension ☒

1a Name and address of plan sponsor (employer, if for a single-employer plan)  
 (Address should include room or suite no.)

1b Employer identification number (EIN)

**13-1777230**

1c Sponsor's telephone number

**212-735-3000**

1d Business code (see instructions, page 20)

**8111**

1e CUSIP issuer number

**N/A**

2a Name and address of plan administrator (if same as plan sponsor, enter "Same")

2b Administrator's EIN

**13-2871040**

2c Administrator's telephone number

**212-735-3000**

**Skadden, Arps, Slate, Meagher & Flom LLP**  
**919 Third Avenue, 24-20**  
**New York, New York 10022**

3 If you are filing this page without the preprinted historical plan information and the name, address, and EIN of the plan sponsor or plan administrator has changed since the last return/report filed for this plan, enter the information from the last return/report in line 3a and/or line 3b and complete line 3c.

a Sponsor **Skadden, Arps, Slate, Meagher & Flom** EIN **13-1777230** Plan number **002**  
 b Administrator **Same** EIN **Same**

c If line 3a indicates a change in the sponsor's name, address, and EIN, is this a change in sponsorship only? (See line 3c on page 8 of the instructions for the definition of sponsorship.) Enter "Yes" or "No." **YES**

4 ENTITY CODE. (If not shown, enter the applicable code from page 8 of the instructions.) **A**

5a Name of plan **Skadden, Arps, Slate, Meagher & Flom Pension Plan**

5b Effective date of plan (mo., day, yr.)

**4/1/75**

5c Three-digit plan number **002**

All filers must complete 6a through 6d, as applicable.

6a ☐ Welfare benefit plan 6b ☒ Pension benefit plan  
 (If the correct codes are not preprinted below, enter the applicable codes from page 8 of the instructions in the boxes.)

6c Pension plan features. (If the correct codes are not preprinted below, enter the applicable pension plan feature codes from page 8 of the instructions in the boxes.) **E**

6d ☐ Fringe benefit plan. Attach Schedule F (Form 5500). See instructions.

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of employer/plan sponsor **Stuart N. Alperin** Trustee Date **10-14-97**  
 Signature of plan administrator **Stuart N. Alperin** Trustee Date **10-14-97**  
 Type or print name of individual signing above **Stuart N. Alperin** Trustee

For Paperwork Reduction Act Notice, see page 1 of the instructions.

Form **5500** (1996)

123  
 ISA  
 Director Brookhaven Service Center  
 STOP 5687F Fortville, NV 1747

Skadden, Arps, Slate, Meagher & Flom  
Pension Plan

Actuarial Methods and Assumptions  
Employed in the 1996 Actuarial Valuation

A. Employee data used in valuation:

The valuation is based on data provided by the Firm for all persons who participated in the Plan during the year ending on the valuation date, whether in an active or retired status. Reasonable estimates were employed if any data was unavailable.

B. Method of Valuation:

1. Actuarial values - The current service cost and actuarial reserve requirement are determined in accordance with the unit credit method of funding, with projected benefits being prorated on the basis of credited service.
2. Assets - The trust fund investments are valued at market value.
3. Prior service cost - The minimum prior service cost pursuant to section 412 of the Internal Revenue Code is determined in accordance with such section and all regulations issued thereunder.

C. Actuarial assumptions:

1. Rate of inflation - The assumptions used for funding purposes described below were selected assuming the economy would experience an average long term rate of inflation of 5-1/4%.
2. Interest (discount) rate - 8.25% per annum, compounded annually for general funding purposes and for purposes of results reported under FASB Statements No. 35 and 36 and APB Opinion No. 8. 7.50% per annum, compounded annually was used to determine current liability for funding purposes.
3. PBGC immediate interest rate - 6.5%. 100% of the immediate and deferred PBGC rates are used for purposes of converting grandfathered annuities to lump sum payments, if the resulting lump sum does not exceed \$25,000; otherwise 120% of such rates are used, unless 120% of such rates produces a lump sum under \$25,000 (in which case a lump sum of \$25,000 is paid). For purposes of calculating current liabilities, an interest rate of 7.50% was used for converting all annuities to lump sums. As provided by the terms of the Plan, UP-1984 mortality was used for the conversion of annuities to lump sum payments.
4. Interest credits to the pension accounts - 8.25% per annum for funding purposes and for purposes of results reported under FASB Statements No. 35 and 36 and APB Opinion No. 8.



Form **5500**  
 Department of the Treasury  
 Internal Revenue Service  
 Department of Labor  
 Pension and Welfare Benefits  
 Administration  
 Pension Benefit Guaranty Corporation

# Annual Return/Report of Employee Benefit Plan

(With 100 or more participants)

This form is required to be filed under sections 104 and 4066 of the Employee Retirement Income Security Act of 1974 and sections 6039D, 6047(e), 6057(h), and 6058(a) of the Internal Revenue Code, referred to as the Code.  
 See separate instructions.

OMB Nos. 1210-0016  
1210-0089

**1997**

This Form Is Open  
to Public Inspection.

For the calendar plan year 1997 or fiscal plan year beginning January 1, 1997, and ending December 31, 1997

If A(1) through A(4), B, C, and/or D do not apply to this year's return/report, leave the boxes unmarked.

For IRS Use Only  
EP-ID

- A This return/report is: (1) ☐ the first return/report filed for the plan; (3) ☐ the final return/report filed for the plan; or  
 (2) ☐ an amended return/report; (4) ☐ a short plan year return/report (less than 12 months).

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- B Check here if any information reported in 1a, 2a, 2b, or 5a changed since the last return/report for this plan ☐  
 C If your plan year changed since the last return/report, check here ☐  
 D If you filed for an extension of time to file this return/report, check here and attach a copy of the approved extension ☒

- 1a Name and address of plan sponsor (employer, if for a single-employer plan)  
 (Address should include room or suite no.)

SKADDEN, ARPS, SLATE, MEAGHER & FLOM LLP  
 919 THIRD AVENUE, ROOM 24-20  
 NEW YORK, NEW YORK 10022

- 1b Employer identification number (EIN)

13-1777230

- 1c Sponsor's telephone number

212-735-3000

- 1d Business code (see instructions, page 20)

8111

- 1e OUSIP issuer number

N/A

- 2a Name and address of plan administrator (if same as plan sponsor, enter "Same")

SKADDEN, ARPS, SLATE, MEAGHER & FLOM LLP  
 PENSION PLAN COMMITTEE  
 919 THIRD AVENUE, ROOM 24-20  
 NEW YORK 10022

- 2b Administrator's EIN

13-2871040

- 2c Administrator's telephone number

212-735-3000

- 3 If you are filing this page without the preprinted historical plan information and the name, address, and EIN of the plan sponsor or plan administrator has changed since the last return/report filed for this plan, enter the information from the last return/report in line 3a and/or line 3b and complete line 3c.

- a Sponsor EIN Plan number  
 b Administrator EIN  
 c If line 3a indicates a change in the sponsor's name, address, and EIN, is this a change in sponsorship only? (See line 3c on page 8 of the instructions for the definition of sponsorship.) Enter "Yes" or "No."

- 4 ENTITY CODE. (If not shown, enter the applicable code from page 8 of the instructions.)

A

- 5a Name of plan SKADDEN, ARPS, SLATE, MEAGHER & FLOM  
 PENSION PLAN

- 5b Effective date of plan (mo., day, yr.)

4/1/75

- 5c Three-digit plan number 002

All filers must complete 6a through 6d, as applicable.

- 6a ☐ Welfare benefit plan 6b ☒ Pension benefit plan  
 (If the correct codes are not preprinted below, enter the applicable codes from page 8 of the instructions in the boxes.)

- 6c Pension plan features. (If the correct codes are not preprinted below, enter the applicable pension plan feature codes from page 9 of the instructions in the boxes.)

E

- 6d ☐ Fringe benefit plan. Attach Schedule F (Form 5500). See instructions.

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of employer/plan sponsor

Date 10/15/98

Type or print name of individual signing above STUART N. ALPERIN TRUSTEE

Signature of plan administrator

Date 10/15/98

Type or print name of individual signing above STUART N. ALPERIN TRUSTEE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (1997)



**Skadden, Arps, Slate, Meagher & Flom**  
**Pension Plan**

**Actuarial Methods and Assumptions**  
**Employed in the 1997 Actuarial Valuation**

**A. Employee data used in valuation:**

The valuation is based on data provided by the Firm for all persons who participated in the Plan during the year ending on the valuation date, whether in an active or retired status. Reasonable estimates were employed if any data was unavailable.

**B. Method of Valuation:**

1. Actuarial values - The current service cost and actuarial reserve requirement are determined in accordance with the unit credit method of funding, with projected benefits being prorated on the basis of credited service.
2. Assets - The trust fund investments are valued at market value.
3. Prior service cost - The minimum prior service cost pursuant to section 412 of the Internal Revenue Code is determined in accordance with such section and all regulations issued thereunder.

**C. Actuarial assumptions:**

1. Rate of inflation - The assumptions used for funding purposes described below were selected assuming the economy would experience an average long term rate of inflation of 5-1/4%.
2. Interest (discount) rate - 8.25% per annum, compounded annually for general funding purposes and for purposes of results reported under FASB Statements No. 35 and 36 and APB Opinion No. 8. 7.36% for RPA 94 current liability purposes & 7.57% for OBRA 87 current liability purposes per annum, compounded annually was used.
3. PBGC immediate interest rate - 6.5%. 100% of the immediate and deferred PBGC rates are used for purposes of converting grandfathered annuities to lump sum payments, if the resulting lump sum does not exceed \$25,000; otherwise 120% of such rates are used, unless 120% of such rates produces a lump sum under \$25,000 (in which case a lump sum of \$25,000 is paid). For purposes of calculating current liabilities, an interest rate of 7.36% for RPA 94 (7.57% for OBRA 87) was used for converting all annuities to lump sums. As provided by the terms of the Plan, UP-1984 mortality was used for the conversion of annuities to lump sum payments.
4. Interest credits to the pension accounts - 8.25% per annum for funding purposes and for purposes of results reported under FASB Statements No. 35 and 36 and APB Opinion No. 8.





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Form **5500**  
 Department of the Treasury  
 Internal Revenue Service  
 Department of Labor  
 Pension and Welfare Benefit Administration  
 Pension Benefit Guaranty Corporation

# Annual Return/Report of Employee Benefit Plan

(With 100 or more participants)

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 and sections 6039D, 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code, referred to as the Code.  
 ▶ See separate instructions.

OMB Nos. 1510-0016  
 1510-0089

**1998**

This Form Is Open  
 to Public Inspection.

For the calendar plan year 1998 or fiscal plan year beginning **JANUARY 1**, 1998, and ending **DECEMBER 31, 1998**

If A(1) through A(4), B, C, and/or D, do not apply to this year's return/report, leave the boxes unmarked.

For IRS Use Only  
 EP-ID

- A This return/report is: (1) ☐ the first return/report filed for the plan; (3) ☐ the final return/report filed for the plan; or  
 (2) ☐ an amended return/report; (4) ☐ a short plan year return/report (less than 12 months).

- B Check here if any information reported in 1a, 2a, 2b, or 5a changed since the last return/report for this plan ..... ☐  
 C If your plan year changed since the last return/report, check here ..... ☐  
 D If you filed for an extension of time to file this return/report, check here and attach a copy of the approved extension ..... ☒

1a Name and address of plan sponsor (employer, if for a single-employer plan)  
 (Address should include room or suite no.)

**Skadden, Arps, Slate, Meagher & Flom LLP**  
**919 Third Avenue, Room 24-20**  
**New York, New York 10022**

1b Employer identification number (EIN)  
**13-1777230**

1c Sponsor's telephone number  
**212-735-3000**

1d Business code (see instructions, page 20)  
**8111**

1e CUSIP issuer number  
**N/A**

2a Name and address of plan administrator (if same as plan sponsor, enter "Same")

**Skadden, Arps, Slate, Meagher & Flom LLP**  
**Pension Plan Committee**  
**919 Third Avenue, Room 24-20**  
**New York, New York 10022**

2b Administrator's EIN

**13-1777230**

2c Administrator's telephone number  
**212-735-3000**

3 If the name, address, and EIN of the plan sponsor or plan administrator has changed since the last return/report filed for this plan, enter the information from the last return/report in line 3a and/or line 3b and complete line 3c.

- a Sponsor \_\_\_\_\_ EIN \_\_\_\_\_ Plan number \_\_\_\_\_  
 b Administrator \_\_\_\_\_ EIN \_\_\_\_\_  
 c If line 3a indicates a change in the sponsor's name, address, and EIN, is this a change in sponsorship only? (See line 3c on page 8 of the instructions for the definition of sponsorship.) Enter "Yes" or "No." ▶

4 ENTITY CODE. (If not shown, enter the applicable code from page 8 of the instructions.) ▶

**A**

5a Name of plan ▶ **Skadden, Arps, Slate, Meagher & Flom**  
**Pension Plan**

5b Effective date of plan (mo., day, yr.)  
**4/1/75**

5c Three-digit plan number ▶ **002**

All filers must complete 6a through 6d, as applicable.

- 6a ☐ Welfare benefit plan 6b ☒ Pension benefit plan  
 (Enter the applicable codes from page 8 of the instructions in the boxes.)

6c Pension plan features. (Enter the applicable pension plan feature codes from page 8 of the instructions in the boxes.)

6d ☐ Fringe benefit plan. Attach Schedule F (Form 5500). See instructions.

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of employer/plan sponsor ▶ Stuart N. Alperin Date ▶ 10-13-99

Type or print name of individual signing above Stuart N. Alperin, Partner

Signature of plan administrator ▶ Stuart N. Alperin Date ▶ 10-13-99

Type or print name of individual signing above Stuart N. Alperin, Trustee

For Paperwork Reduction Act Notice, see the instructions for Form 5500.  
 ISA

Form 5500 (1998)

816

**Skadden, Arps, Slate, Meagher & Flom  
Pension Plan**

**Actuarial Methods and Assumptions  
Employed in the 1998 Actuarial Valuation**

**A. Employee data used in valuation:**

The valuation is based on data provided by the Firm for all persons who participated in the Plan during the year ending on the valuation date, whether in an active or retired status. Reasonable estimates were employed if any data was unavailable.

**B. Method of Valuation:**

1. Actuarial values - The current service cost and actuarial reserve requirement are determined in accordance with the unit credit method of funding, with projected benefits being prorated on the basis of credited service.
2. Assets - The trust fund investments are valued at market value.
3. Prior service cost - The minimum prior service cost pursuant to section 412 of the Internal Revenue Code is determined in accordance with such section and all regulations issued thereunder.

**C. Actuarial assumptions:**

1. Rate of inflation - The assumptions used for funding purposes described below were selected assuming the economy would experience an average long term rate of inflation of 5-1/4%.
2. Interest (discount) rate - 8.25% per annum, compounded annually for general funding purposes and for purposes of results reported under FASB Statements No. 35 and 36 and APB Opinion No. 8. 6.09% for RPA 94 current liability purposes & 6.09% for OBRA 87 current liability purposes per annum, compounded annually was used.
3. PBGC immediate interest rate - 6.5%. 100% of the immediate and deferred PBGC rates are used for purposes of converting grandfathered annuities to lump sum payments, if the resulting lump sum does not exceed \$25,000; otherwise 120% of such rates are used, unless 120% of such rates produces a lump sum under \$25,000 (in which case a lump sum of \$25,000 is paid). For purposes of calculating current liabilities, an interest rate of 6.09% for RPA 94 (6.09% for OBRA 87) was used for converting all annuities to lump sums. As provided by the terms of the Plan, UP-1984 mortality was used for the conversion of annuities to lump sum payments.
4. Interest credits to the pension accounts - 8.25% per annum for funding purposes and for purposes of results reported under FASB Statements No. 35 and 36 and APB Opinion No. 8.

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Official Use Only

OMB Nos. 1210-0110 / 1201-0089

**1999**This Form is Open  
to Public Inspection.Form **5500**Department of the Treasury  
Internal Revenue Service  
Department of Labor  
Pension and Welfare Benefits  
Administration  
Pension Benefit  
Guaranty Corporation**Annual Return/Report of Employee Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6039D, 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

► Type or print all entries in accordance with  
the instructions to the Form 5500.**Part I Annual Report Identification Information**

For the calendar plan year 1999 or fiscal plan year beginning 01 01 1999, and ending 12 31 1999

- A This return/report is for:
- |     |   |     |                              |
|-----|---|-----|------------------------------|
| (1) | a multiemployer plan;   | (3) | a multiple-employer plan; or |
| (2) | <input checked="" type="checkbox"/> a single-employer plan (other than a multiple-employer plan); | (4) | a DFE (specify) . . . . .    |
- B This return/report is:
- |     |   |     |  |
|-----|---|-----|--|
| (1) | the first return/report filed for the plan; | (3) | the final return/report filed for the plan;            |
| (2) | an amended return/report;                   | (4) | a short plan year return/report (less than 12 months). |

C If the plan is a collectively-bargained plan, check here . . . . . ►

D If you filed for an extension of time to file, check the box and attach a copy of the extension application . . . . . ► ☒**Part II Basic Plan Information — enter all requested information.**

1a Name of plan

**SKADDEN, ARPS, SLATE, MEAGHER & FLOM, LLP****PENSION PLAN**1b Three-digit plan number (PN) ► **002** 1c Effective date of plan **04 01 1975****Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements, and attachments, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of  
plan administrator

Typed or printed name of individual signing as plan administrator

Date

**a STUART N. ALPERIN, TRUSTEE**Signature of employer/  
plan sponsor/DFE

Typed or printed name of individual signing as employer, plan sponsor or DFE, as applicable

Date

**b STUART N. ALPERIN, PARTNER**

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (1999)

019900011L





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101.03.0052  
02

**Skadden, Arps, Slate, Meagher & Flom Pension Plan**  
**EIN 13-1777230**  
**Plan Number 002**

**Attachment to 1999 Schedule B (Form 5500), Line 6**

Actuarial Methods and Assumptions  
Employed in the 1999 Actuarial Valuation

**A. Employee data used in valuation:**

The valuation is based on data provided by the Firm for all persons who participated in the Plan during the year ending on the valuation date, whether in an active or retired status. Reasonable estimates were employed if any data was unavailable.

**B. Method of Valuation:**

1. Actuarial values - The current service cost and actuarial reserve requirement are determined in accordance with the unit credit method of funding, with projected benefits being prorated on the basis of credited service.
2. Assets - The trust fund investments are valued at market value.
3. Prior service cost - The minimum prior service cost pursuant to section 412 of the Internal Revenue Code is determined in accordance with such section and all regulations issued thereunder.

**C. Actuarial assumptions:**

1. Rate of inflation - The assumptions used for funding purposes described below were selected assuming the economy would experience an average long term rate of inflation of 5-1/4%.
2. Interest (discount) rate - 8.25% per annum, compounded annually for general funding purposes and for purposes of results reported under FASB Statements No. 35 and 36 and APB Opinion No. 8. 5.62% for RPA 94 current liability purposes & 5.62% for OBRA 87 current liability purposes per annum, compounded annually was used.
3. PBGC immediate interest rate - 6.5%. 100% of the immediate and deferred PBGC rates are used for purposes of converting grandfathered annuities to lump sum payments, if the resulting lump sum does not exceed \$25,000; otherwise 120% of such rates are used, unless 120% of such rates produces a lump sum under \$25,000 (in which case a lump sum of \$25,000 is paid). For purposes of calculating current liabilities, an interest rate of 5.62% for RPA 94 (5.62% for OBRA 87) was used for converting all annuities to lump sums. As provided by the terms of the Plan, UP-1984 mortality was used for the conversion of annuities to lump sum payments.
4. Interest credits to the pension accounts - 8.25% per annum for funding purposes and for purposes of results reported under FASB Statements No. 35 and 36 and APB Opinion No. 8.

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01Form **5500**Department of the Treasury  
Internal Revenue Service  
Department of Labor  
Pension and Welfare Benefits  
Administration

Pension Benefit Guaranty Corporation

**Annual Return/Report of Employee Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6039D, 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500.

Official Use Only

OMB Nos. 1210-0110  
1210-0089**2000**

This Form is Open to Public Inspection.

**Part I Annual Report Identification Information**

For the calendar plan year 2000 or fiscal plan year beginning 01/01/2000, and ending 12/31/2000.



- A This return/report is for: (1) ☐ a multiemployer plan; (3) ☐ a multiple-employer plan; or  
(2) ☒ a single-employer plan (other than a multiple-employer plan); (4) ☐ a DFE (specify) \_\_\_\_\_
- B This return/report is: (1) ☐ the first return/report filed for the plan; (3) ☐ the final return/report filed for the plan;  
(2) ☐ an amended return/report; (4) ☐ a short plan year return/report (less than 12 months).
- C If the plan is a collectively-bargained plan, check here ☐
- D If you filed for an extension of time to file, check the box and attach a copy of the extension application ☒

**Part II Basic Plan Information — enter all requested information.**

<b>1a</b> Name of plan SKADDEN ARPS SLATE MEAGHER & FLOM PENSION PLAN	<b>1b</b> Three-digit plan number (PN) ▶ 002
<b>2a</b> Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) SKADDEN ARPS SLATE MEAGHER & FLOM LLP  c/o LINDA FRANKLIN FOUR TIMES SQUARE NEW YORK NEW YORK 10036	<b>1c</b> Effective date of plan (mo., day, yr.) 04/01/1975  <b>2b</b> Employer Identification Number (EIN) 13-1777230  <b>2c</b> Sponsor's telephone number 212-735-3000  <b>2d</b> Business code (see instructions) 541110

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements, and attachments, and to the best of my knowledge and belief, it is true, correct, and complete.

 Signature of plan administrator	10/12/01 Date	STUART N. APLERIN, TRUSTEE Typed or printed name of individual signing as plan administrator
 Signature of employer/plan sponsor/DFE	10/12/01 Date	STUART N. ALPERIN, PARTNER Typed or printed name of individual signing as employer, plan sponsor or DFE as applicable

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

v3.2

Form **5500** (2000)

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264.04 .0030  
01

**Skadden, Arps, Slate, Meagher & Flom Pension Plan**  
**EIN 13-1777230**  
**Plan Number 002**

**Attachment to 2000 Schedule B (Form 5500), Line 6 – Statement of Actuarial Assumptions/Methods**

**Actuarial Methods and Assumptions**  
**Employed in the 2000 Actuarial Valuation**

**A. Employee data used in valuation:**

The valuation is based on data provided by the Firm for all persons who participated in the Plan during the year ending on the valuation date, whether in an active or retired status. Reasonable estimates were employed if any data was unavailable.

**B. Method of Valuation:**

1. Actuarial values - The current service cost and actuarial reserve requirement are determined in accordance with the unit credit method of funding, with projected benefits being prorated on the basis of credited service.
2. Assets - The trust fund investments are valued at market value.
3. Prior service cost - The minimum prior service cost pursuant to section 412 of the Internal Revenue Code is determined in accordance with such section and all regulations issued thereunder.

**C. Actuarial assumptions:**

1. Rate of inflation - The assumptions used for funding purposes described below were selected assuming the economy would experience an average long term rate of inflation of 5-1/4%.
2. Interest (discount) rate - 8.25% per annum, compounded annually for general funding purposes and for purposes of results reported under FASB Statements No. 35 and 36 and APB Opinion No. 8. 5.41% for RPA 94 current liability purposes & 5.41% for OBRA 87 current liability purposes per annum, compounded annually was used.
3. GATT immediate interest rate - 7.0%. For purposes of calculating current liabilities, an interest rate of 5.41% for RPA 94 (5.41% for OBRA 87) was used for converting all annuities to lump sums. As provided by the terms of the Plan, GATT mortality was used for the conversion of annuities to lump sum payments.
4. Interest credits to the pension accounts - 8.25% per annum for funding purposes and for purposes of results reported under FASB Statements No. 35 and 36 and APB Opinion No. 8.



Form **5500**Department of the Treasury  
Internal Revenue ServiceDepartment of Labor  
Pension and Welfare Benefits  
Administration

Pension Benefit Guaranty Corporation

**Annual Return/Report of Employee Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6039D, 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

► Complete all entries in accordance with  
the instructions to the Form 5500.840373 1223  
057.03.0001  
01Official Use Only  
OMB Nos. 1210-0110  
1210-0089**2001**This Form is Open to  
Public Inspection.**Part I Annual Report Identification Information**

For the calendar plan year 2001 or fiscal plan year beginning 01/01/2001, and ending 12/31/2001,

- A This return/report is for: (1) ☐ a multiemployer plan; (3) ☐ a multiple-employer plan; or  
(2) ☒ a single-employer plan (other than a (4) ☐ a DFE (specify) \_\_\_\_\_  
multiple-employer plan);
- B This return/report is: (1) ☐ the first return/report filed for the plan; (3) ☐ the final return/report filed for the plan;  
(2) ☐ an amended return/report; (4) ☐ a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here ☐D If filing under an extension of time or the DFVC program, check box and attach required information. (see instructions) ☒**Part II Basic Plan Information** — enter all requested information.**1a** Name of planSkadden Arps Slate Meagher & Flom  
Pension Plan**1b** Three-digit

plan number (PN) ► 002

**1c** Effective date of plan (mo., day, yr.)

04/01/1975

**2a** Plan sponsor's name and address (employer, if for a single-employer plan)

(Address should include room or suite no.)

Skadden Arps Slate Meagher &amp; Flom

**2b** Employer Identification Number (EIN)

13-1777230

**2c** Sponsor's telephone number

212-735-3000

**2d** Business code (see instructions)

541110

c/o Linda Franklin

Four Times Square New York New York 10036

**Caution:** A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report if it is being filed electronically, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of plan administrator

Date

Stuart N. Alperin, Trustee

Typed or printed name of individual signing as plan administrator

Signature of employer/plan sponsor/DFE

Date

Stuart N. Alperin, Partner

Typed or printed name of individual signing as employer, plan sponsor or DFE as applicable

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

v4.1

Form **5500** (2001)

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057.03 .0029  
01

**Skadden, Arps, Slate, Meagher & Flom Pension Plan**  
**EIN 13-1777230**  
**Plan Number 002**

**Attachment to 2001 Schedule B (Form 5500), Line 6 – Statement of Actuarial Assumptions/Methods**

**A. Employee data used in valuation:**

The valuation is based on data provided by the Firm for all persons who participated in the Plan during the year ending on the valuation date, whether in an active or retired status. Reasonable estimates were employed if any data was unavailable.

**B. Method of Valuation:**

1. Actuarial values - The current service cost and actuarial reserve requirement are determined in accordance with the unit credit method of funding, with projected benefits being prorated on the basis of credited service.
2. Assets - The trust fund investments are valued at market value.
3. Prior service cost - The minimum prior service cost pursuant to section 412 of the Internal Revenue Code is determined in accordance with such section and all regulations issued thereunder.

**C. Actuarial assumptions:**

1. Rate of inflation - The assumptions used for funding purposes described below were selected assuming the economy would experience an average long term rate of inflation of 5-1/4%.
2. Interest (discount) rate - 8.25% per annum, compounded annually for general funding purposes and for purposes of results reported under FASB Statements No. 35 and 36 and APB Opinion No. 8. 5.32% for RPA 94 current liability purposes & 5.32% for OBRA 87 current liability purposes per annum, compounded annually was used.
3. GATT immediate interest rate - 7.0%. For purposes of calculating current liabilities, an interest rate of 5.32% for RPA 94 (5.32% for OBRA 87) was used for converting all annuities to lump sums. As provided by the terms of the Plan, GATT mortality was used for the conversion of annuities to lump sum payments.
4. Interest credits to the pension accounts - 8.25% per annum for funding purposes and for purposes of results reported under FASB Statements No. 35 and 36 and APB Opinion No. 8.

**Form 5500**Department of the Treasury  
Internal Revenue ServiceDepartment of Labor  
Pension and Welfare Benefits  
Administration

Pension Benefit Guaranty Corporation

**Annual Return/Report of Employee Benefit Plan**This form is required to be filed under sections 104 and 4065 of the Employee  
Retirement Income Security Act of 1974 (ERISA) and sections 6047(e),  
6057(b), and 6058(a) of the Internal Revenue Code (the Code).▶ Complete all entries in accordance with  
the instructions to the Form 5500.8403733443  
239.04.0001Official Use Only  
OMB Nos. 1210-0110  
1210-0089**2002**This Form is Open to  
Public Inspection.**Part I Annual Report Identification Information**For the calendar plan year 2002 or fiscal plan year beginning **01/01/2002** and ending **12/31/2002**

- A** This return/report is for: (1) ☐ a multiemployer plan; (3) ☐ a multiple-employer plan; or  
(2) ☒ a single-employer plan (other than a (4) ☐ a DFE (specify) \_\_\_\_\_  
multiple-employer plan);
- B** This return/report is: (1) ☐ the first return/report filed for the plan; (3) ☐ the final return/report filed for the plan;  
(2) ☐ an amended return/report; (4) ☐ a short plan year return/report (less than 12 months).
- C** If the plan is a collectively-bargained plan, check here ☐
- D** If filing under an extension of time or the DFVC program, check box and attach required information. (see instructions) ☒

**Part II Basic Plan Information - enter all requested information.**

<b>1a</b> Name of plan <b>SKADDEN ARPS SLATE MEAGHER &amp; FLOM PENSION PLAN</b>	<b>1b</b> Three-digit plan number (PN) ▶ <b>002</b>
	<b>1c</b> Effective date of plan (mo., day, yr.) <b>04/01/1975</b>
<b>2a</b> Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <b>SKADDEN ARPS SLATE MEAGHER &amp; FLOM LLP</b>	<b>2b</b> Employer Identification Number (EIN) <b>13-1777230</b>
	<b>2c</b> Sponsor's telephone number <b>212-735-3000</b>
<b>LINDA FRANKLIN FOUR TIMES SQUARE</b>	<b>2d</b> Business code (see instructions) <b>541110</b>
<b>NEW YORK</b>	<b>NY 10036</b>

**Caution:** A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report if it is being filed electronically, and to the best of my knowledge and belief, it is true, correct and complete.

**SIGN  
HERE**

Signature of plan administrator

10-09-03  
Date**STUART N. ALPERIN, TRUSTEE**

Type or print name of individual signing as plan administrator

**SIGN  
HERE**

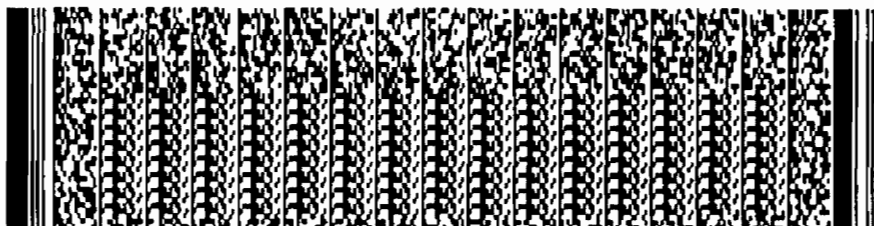
Signature of employer/plan sponsor/DFE

10-09-03  
Date**STUART N. ALPERIN, PARTNER**

Type or print name of individual signing as employer, plan sponsor or DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

v5.0

Form **5500** (2002)

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**Skadden, Arps, Slate, Meagher & Flom Pension Plan**  
**EIN 13-1777230**  
**Plan Number 002**

**Attachment to 2002 Schedule B (Form 5500), Line 6**  
**Statement of Actuarial Assumptions/Methods**

**A. Employee data used in valuation:**

The valuation is based on data provided by the Firm for all persons who participated in the Plan during the year ending on the valuation date, whether in an active or retired status. Reasonable estimates were employed if any data was unavailable.

**B. Method of Valuation:**

1. Actuarial values - The current service cost and actuarial reserve requirement are determined in accordance with the unit credit method of funding, with projected benefits being prorated on the basis of credited service.
2. Assets - The trust fund investments are valued at market value.
3. Prior service cost - The minimum prior service cost pursuant to section 412 of the Internal Revenue Code is determined in accordance with such section and all regulations issued thereunder.

**C. Actuarial assumptions:**

1. Rate of inflation - The assumptions used for funding purposes described below were selected assuming the economy would experience an average long-term rate of inflation of 5-1/4%.
2. Interest (discount) rate - 8.25% per annum, compounded annually for general funding purposes and for purposes of results reported under FASB Statements No. 35 and 36 and APB Opinion No. 8. 5.14% for RPA 94 current liability purposes & 5.14% for OBRA 87 current liability purposes per annum, compounded annually, was used.
3. GATT immediate interest rate - 7.0%. For purposes of calculating current liabilities, an interest rate of 5.14% for RPA 94 (5.14% for OBRA 87) was used for converting all annuities to lump sums. As provided by the terms of the Plan, GATT mortality was used for the conversion of annuities to lump sum payments.
4. Interest credits to the pension accounts - 8.25% per annum for funding purposes and for purposes of results reported under FASB Statements No. 35 and 36 and APB Opinion No. 8.

Form **5500**Department of the Treasury  
Internal Revenue ServiceDepartment of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

**Annual Return/Report of Employee Benefit Plan**This form is required to be filed under sections 104 and 4065 of the Employee  
Retirement Income Security Act of 1974 (ERISA) and sections 5047(e),  
5057(b), and 5058(a) of the Internal Revenue Code (the Code).► Complete all entries in accordance with  
the instructions to the Form 5500.84043424  
015 06 0001Official Use Only  
OMB Nos. 1210-0110  
1210-0089**2003**This Form is Open to  
Public Inspection.**Part I Annual Report Identification Information**For the calendar plan year 2003 or fiscal plan year beginning 01/01/2003 and ending 12/31/2003

- A** This return/report is for: (1) ☐ a multiemployer plan; (3) ☐ a multiple-employer plan; or  
(2) ☒ a single-employer plan (other than a multiple-employer plan); (4) ☐ a DFE (specify) \_\_\_\_\_
- B** This return/report is: (1) ☐ the first return/report filed for the plan; (3) ☐ the final return/report filed for the plan;  
(2) ☐ an amended return/report; (4) ☐ a short plan year return/report (less than 12 months).
- C** If the plan is a collectively-bargained plan, check here ☐
- D** If filing under an extension of time or the DFVC program, check box and attach required information. (see instructions) ☒

**Part II Basic Plan Information - enter all requested information.**

<b>1a</b> Name of plan SKADDEN ARPS SLATE MEAGHER & FLOM PENSION PLAN	<b>1b</b> Three-digit plan number (PN) ► <u>002</u>
	<b>1c</b> Effective date of plan (mo., day, yr.) <u>04/01/1975</u>
<b>2a</b> Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) SKADDEN ARPS SLATE MEAGHER & FLOM  LINDA FRANKLIN FOUR TIMES SQUARE  NEW YORK NY 10036	<b>2b</b> Employer Identification Number (EIN) <u>13-1777230</u> <b>2c</b> Sponsor's telephone number <u>212-735-3000</u> <b>2d</b> Business code (see instructions) <u>541110</u>

**Caution:** A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report if it is being filed electronically, and to the best of my knowledge and belief, it is true, correct and complete.

SIGN  
HERE

Signature of plan administrator

Date

STUART N. ALPERIN, TRUSTEE

Type or print name of individual signing as plan administrator

SIGN  
HERE

Signature of employer/plan sponsor/DFE

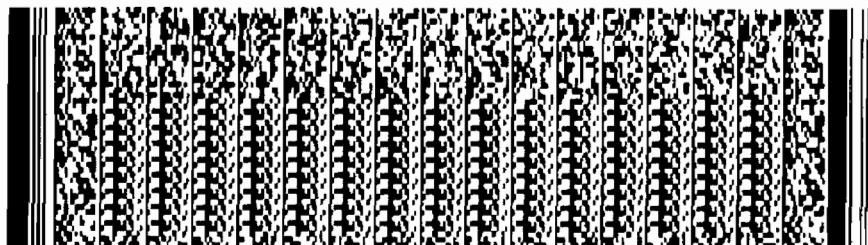
Date

STUART N. ALPERIN, PARTNER

Type or print name of individual signing as employer, plan sponsor or DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

v6.1

Form **5500** (2003)

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**Skadden, Arps, Slate, Meagher & Flom Pension Plan**  
**EIN 13-1777230**  
**Plan Number 002**

84043424  
015.06.0035  
02

**Attachment to 2003 Schedule B (Form 5500), Line 6**  
**Statement of Actuarial Assumptions/Methods**

**A. Employee data used in valuation:**

The valuation is based on data provided by the Firm for all persons who participated in the Plan during the year ending on the valuation date, whether in an active or retired status. Reasonable estimates were employed if any data was unavailable.

**B. Method of Valuation:**

1. Actuarial values - The current service cost and actuarial reserve requirement are determined in accordance with the unit credit method of funding, with projected benefits being prorated on the basis of credited service.
2. Assets - The trust fund investments are valued at market value.
3. Prior service cost - The minimum prior service cost pursuant to section 412 of the Internal Revenue Code is determined in accordance with such section and all regulations issued thereunder.

**C. Actuarial assumptions:**

1. Rate of inflation - The assumptions used for funding purposes described below were selected assuming the economy would experience an average long-term rate of inflation of 5-1/4%.
2. Interest (discount) rate - 8.25% per annum, compounded annually for general funding purposes and for purposes of results reported under FASB Statements No. 35 and 36 and APB Opinion No. 8. 4.98% for RPA 94 current liability purposes & 4.98% for OBRA 87 current liability purposes per annum, compounded annually, was used.
3. GATT immediate interest rate - 7.0%. For purposes of calculating current liabilities, an interest rate of 4.98% for RPA 94 (4.98% for OBRA 87) was used for converting all annuities to lump sums. As provided by the terms of the Plan, GATT mortality was used for the conversion of annuities to lump sum payments.
4. Interest credits to the pension accounts - 8.25% per annum for funding purposes and for purposes of results reported under FASB Statements No. 35 and 36 and APB Opinion No. 8.



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02Form **5500**Department of the Treasury  
Internal Revenue ServiceDepartment of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

**Annual Return/Report of Employee Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

► Complete all entries in accordance with the instructions to the Form 5500.

Official Use Only

OMB Nos 1210-0110  
1210-0089**2004**

This Form is Open to Public Inspection.

**Part I Annual Report Identification Information**For the calendar plan year 2004 or fiscal plan year beginning **01/01/2004** and ending **12/31/2004**

- A** This return/report is for: (1) ☐ a multiemployer plan; (3) ☐ a multiple-employer plan, or  
(2) ☒ a single-employer plan (other than a multiple-employer plan); (4) ☐ a DFE (specify) \_\_\_\_\_
- B** This return/report is: (1) ☐ the first return/report filed for the plan; (3) ☐ the final return/report filed for the plan;  
(2) ☐ an amended return/report; (4) ☐ a short plan year return/report (less than 12 months).
- C** If the plan is a collectively-bargained plan, check here ☐
- D** If filing under an extension of time or the DFVC program, check box and attach required information. (see instructions) ☐

**Part II Basic Plan Information - enter all requested information.**

<b>1a</b> Name of plan <b>SKADDEN ARPS SLATE MEAGHER &amp; FLOM PENSION PLAN</b>	<b>1b</b> Three-digit plan number (PN) ► <b>002</b>
	<b>1c</b> Effective date of plan (mo., day, yr.) <b>04/01/1975</b>
<b>2a</b> Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <b>SKADDEN ARPS SLATE MEAGHER &amp; FLOM</b>  <b>LINDA FRANKLIN</b> <b>FOUR TIMES SQUARE</b>  <b>NEW YORK NY 10036</b>	<b>2b</b> Employer Identification Number (EIN) <b>13-1777230</b> <b>2c</b> Sponsor's telephone number <b>212-735-3000</b> <b>2d</b> Business code (see instructions) <b>541110</b>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report if it is being filed electronically, and to the best of my knowledge and belief, it is true, correct and complete.

SIGN  
HERE

Signature of plan administrator

Date

**EARLE YAFFA, TRUSTEE**

Type or print name of individual signing as plan administrator

SIGN  
HERE

Signature of employer/plan sponsor/DFE

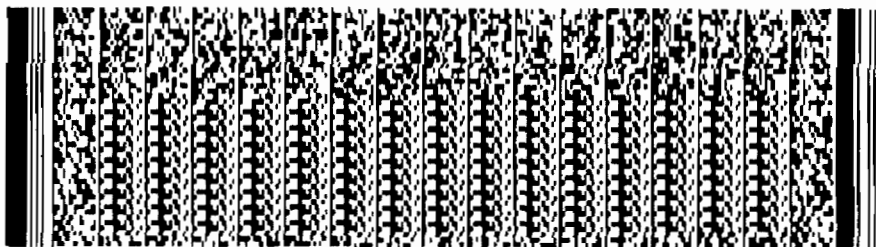
Date

**ROBERT C. SHEEHAN, PARTNER**

Type or print name of individual signing as employer, plan sponsor or DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

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Form **5500** (2004)

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Skadden, Arps, Slate, Meagher & Flom Pension Plan  
EIN 13-1777230  
Plan Number 002

Attachment to 2004 Schedule B (Form 5500), Line 6  
Statement of Actuarial Assumptions/Methods

A. Employee data used in valuation:

The valuation is based on data provided by the Firm for all persons who participated in the Plan during the year ending on the valuation date, whether in an active or retired status. Reasonable estimates were employed if any data was unavailable.

B. Method of Valuation:

1. Actuarial values - The current service cost and actuarial reserve requirement are determined in accordance with the unit credit method of funding, with projected benefits being prorated on the basis of credited service.
2. Assets - The trust fund investments are valued at market value.
3. Prior service cost - The minimum prior service cost pursuant to section 412 of the Internal Revenue Code is determined in accordance with such section and all regulations issued thereunder.

C. Actuarial assumptions:

1. Rate of inflation - The assumptions used for funding purposes described below were selected assuming the economy would experience an average long-term rate of inflation of 5-1/4%.
2. Interest (discount) rate - 8.25% per annum, compounded annually for general funding purposes and for purposes of results reported under FASB Statements No. 35 and 36 and APB Opinion No. 8. 4.72% per annum, compounded annually, for RPA 94 current liability purposes for determination of maximum tax-deductible contribution purposes and 6.55% for minimum required contribution purposes.
3. GATT immediate interest rate - 7.0%. For purposes of calculating RPA 94 current liabilities for maximum tax-deductible contribution (minimum required contribution) purposes, an interest rate of 4.72% (6.55%) was used for converting all annuities to lump sums. As provided by the terms of the Plan, GATT mortality was used for the conversion of annuities to lump sum payments.
4. Interest credits to the pension accounts - 8.25% per annum for funding purposes and for purposes of results reported under FASB Statements No. 35 and 36 and APB Opinion No. 8.

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Form **5500**Department of the Treasury  
Internal Revenue ServiceDepartment of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

**Annual Return/Report of Employee Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

► Complete all entries in accordance with the instructions to the Form 5500.

Official Use Only

OMB Nos. 1510-0110  
1510-0089**2005**This Form is Open to  
Public Inspection.**(Part I) Annual Report Identification Information**For the calendar plan year 2005 or fiscal plan year beginning 01/01/2005 and ending 12/31/2005

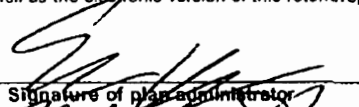
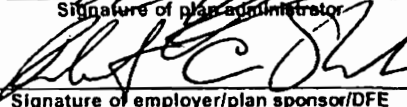
- A** This return/report is for: (1) ☐ a multiemployer plan; (3) ☐ a multiple-employer plan, or  
(2) ☒ a single-employer plan (other than a multiple-employer plan); (4) ☐ a DFE (specify) \_\_\_\_\_
- B** This return/report is: (1) ☐ the first return/report filed for the plan; (3) ☐ the final return/report filed for the plan;  
(2) ☐ an amended return/report; (4) ☐ a short plan year return/report (less than 12 months).
- C** If the plan is a collectively-bargained plan, check here ☐
- D** If filing under an extension of time or the DFVC program, check box and attach required information (see instructions) ☐

**(Part II) Basic Plan Information - enter all requested information.**

<b>1 a</b> Name of plan SKADDEN ARPS SLATE MEAGHER & FLOM P PENSION PLAN	<b>1 b</b> Three-digit plan number (PN) <u>002</u>
	<b>1 c</b> Effective date of plan (mo., day, yr) <u>04/01/1975</u>
<b>2 a</b> Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) SKADDEN ARPS SLATE MEAGHER & FLOM  LINDA FRANKLIN FOUR TIMES SQUARE  NEW YORK NY 10036	<b>2 b</b> Employer Identification Number (EIN) <u>13-1777230</u> <b>2 c</b> Sponsor's telephone number <u>212-735-3000</u> <b>2 d</b> Business code (see instructions) <u>541110</u>

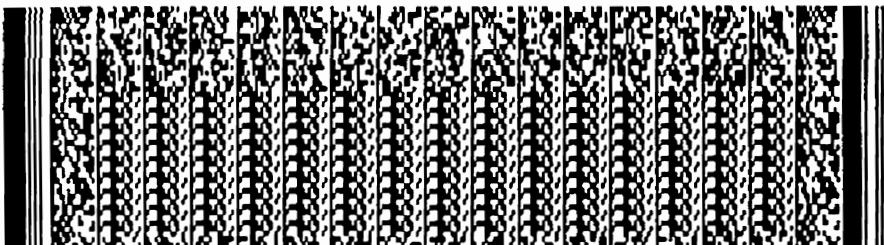
Caution A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report if it is being filed electronically, and to the best of my knowledge and belief, it is true, correct and complete.

<b>SIGN HERE</b>		<u>10/4/06</u>	<b>EARLE YAFFA, TRUSTEE</b>
	Signature of plan administrator	Date	Type or print name of individual signing as plan administrator
<b>SIGN HERE</b>		<u>10/4/06</u>	<b>ROBERT C. SHEEHAN, PARTNER</b>
	Signature of employer/plan sponsor/DFE	Date	Type or print name of individual signing as employer, plan sponsor or DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

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Form **5500** (2005)

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Skadden, Arps, Slate, Meagher & Flom Pension Plan  
EIN 13-1777230  
Plan Number 002

Attachment to 2005 Schedule B (Form 5500), Line 6  
Statement of Actuarial Assumptions/Methods

A Employee data used in valuation

The valuation is based on data provided by the Firm for all persons who participated in the Plan during the year ending on the valuation date, whether in an active or retired status. Reasonable estimates were employed if any data was unavailable.

B Method of Valuation

- 1 Actuarial values - The current service cost and actuarial reserve requirement are determined in accordance with the unit credit method of funding, with projected benefits being prorated on the basis of credited service.
- 2 Assets - The trust fund investments are valued at market value
- 3 Prior service cost - The minimum prior service cost pursuant to section 412 of the Internal Revenue Code is determined in accordance with such section and all regulations issued thereunder

C Actuarial assumptions

- 1 Rate of inflation - The assumptions used for funding purposes described below were selected assuming the economy would experience an average long-term rate of inflation of 5-1/4%.
- 2 Interest (discount) rate - 8.25% per annum, compounded annually for general funding purposes and for purposes of results reported under FASB Statements No. 35 4 59% per annum, compounded annually, for RPA 94 current liability purposes for determination of maximum tax-deductible contribution purposes and 6 10% for minimum required contribution purposes.
- 3 GATT immediate interest rate - 7 0% For purposes of calculating RPA 94 current liabilities for maximum tax-deductible contribution (minimum required contribution) purposes, an interest rate of 4 59% (6 10%) was used for converting all annuities to lump sums. As provided by the terms of the Plan, GATT mortality was used for the conversion of annuities to lump sum payments
- 4 Interest credits to the pension accounts - 8 25% per annum for funding purposes and for purposes of results reported under FASB Statements No. 35